DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 5/10/14

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445359 | A. BUILDING _____ B. WING _____ | 03/26/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ROGERSVILLE CARE & REHABILITATION CENTER | 109 HWY 70 NORTH ROGERSVILLE, TN 37857 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>A recertification survey and complaint investigation #32473 were completed on March 24 through March 26, 2014, at Rogersville Care and Rehabilation Center. No deficiencies were cited related to complaint investigaiton #32473 under 42 CFR PART 483 Requirements for Long Term Care Facilities. | F 000 | | |
| F 280 SS=D | 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP<br><br>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.<br><br>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation, and interview, the facility failed to revise the care plan for one resident (#179) of thirty-six residents | F 280 | On 3/25/14 the Director of Nursing revised the care plan problem of resident # 179, "At risk for signs and symptoms of psychotropic medication" to include antidepressant and interventions to administer antidepressant and monitor for side effects of antidepressant medication.<br><br>By 4/21/14 the Director of Nursing, Assistant Director of Nursing, Unit Managers and MDS Coordinator's will complete a 100% audit of all residents currently receiving antidepressant medication to assure that the specific drug class and side effects are used in developing the care plan problem. Any areas of concern will be immediately addressed and Director of Nursing notified.<br><br>On 3/25/14 the MDS Coordinator's were instructed by the Director of Nursing to use specific drug classes and side effects when developing and/or updating resident care plans.<br><br>Director of Nursing, Assistant Director of Nursing, will complete review of care plan for all new orders for antidepressant medications weekly X 4 weeks then Monthly X 2 months. Any areas of concern | 4/21/14 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Carol Lawson | Administrator | 4-16-14 |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 280 | Continued From page 1<br>reviewed.<br><br>The findings included:<br><br>Resident #179 was admitted to the facility on February 10, 2014, with diagnoses including Aspiration Pneumonia, Dysphagia, Cardiomyopathy, Severe Malnutrition, Depression, and Chronic Atrial Fibrillation.<br><br>Medical record review of a Nurse Practitioner's order dated February 28, 2014, revealed "Zoloft (antidepressant) 25 mg (milligrams)...x (times) 1 week then increase to 50 mg...q (every) HS (hour of sleep)...Depression/Anxiety...Psych Recommendation..."<br><br>Medical record review of the Comprehensive Care Plan dated February 25, 2014, revealed no documentation to address the addition of the antidepressant medication.<br><br>Observation on March 24, 2014, at 12:57 p.m., revealed the resident lying on the bed with the head of the bed in the raised position, eating lunch.<br><br>Interview with the Director of Nursing on March 25, 2014, at 1:45 p.m., in the conference room confirmed the care plan was not revised to address the use of the antidepressant medication. | F 280 | Identified will be immediately addressed and education provided as necessary.<br><br>Director of Nursing will report findings to QAPI Committee Monthly.<br><br>The Quality Assurance Performance Improvement (QAPI)Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Family Nurse Practitioner, Pharmacist, Social Service Director, Dietary Manager, Maintenance Director, Environmental Service Director, Business Office Manager, Human Resource Director, Quality of Life Director and Chaplain) will review monthly the Care plan audits for residents with orders for antidepressant medications to ensure audits are completed and any areas of concern are addressed immediately. | |
| F 283 SS=E | 483.20(l)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS<br><br>When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final | F 283 | | |

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| F 283 | Continued From page 2<br>summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review and interview, the facility failed to ensure a discharge summary was completed for an anticipated discharge for five residents (#46, #75, #170, #39, #168) of thirty admission sample records reviewed.<br><br>The findings included:<br><br>Resident #46 was admitted to the facility on December 9, 2013, with diagnoses including Paraplegia, Osteoporosis, and Urinary Tract Infection.<br><br>Medical record review of a nurse's note dated December 31, 2013, revealed resident was dicharged home. Continued medical record review revealed no documentation a Discharge Summary had been completed.<br><br>Resident #75 was admitted to the facility on December 30, 2013, with diagnoses including Hypertension, Dementia, and Anemia.<br><br>Medical record review of a Physician's telephone order dated January 24, 2014, revealed "...may d/c (discharge) home on January 27, 2014..." Continued record review revealed no documetnation a Discharge Summary had been completed. | F 283 | On 3/24/14 a discharge summary was completed and signed by the physician and placed in the closed record for residents #46, #75, #170, #39 and #168.<br><br>By 4/21/14 medical records staff will complete a 100% audit of all residents discharged to home/another care setting from 1/1/14 through 4/21/14. Any areas of concern will be immediately addressed and reported to the Director of Nursing.<br><br>By 4/21/14 medical records staff, unit Managers and Assistant Director of Nursing will be instructed on completion of discharge summary and discharge care instructions at the time of discharge to be available for release to authorized persons and agencies with the consent of the resident or legal representative. Medical records staff and Unit Managers will review all discharge charts within 24 hours of resident discharge from the facility to assure discharge summary and care instructions are completed timely. Any areas of concern will be addressed immediately and reported to the Director of Nursing.<br><br>Director of Nursing will report findings to the Quality Assurance Performance Improvement (QAPI) Committee Monthly. | 4/21/14 |

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| F 283 | Continued From page 3<br>Resident #170 was admitted to the facility on October 16, 2013, with diagnoses including Hypertension, Cerebrovascular Accident, and Urinary Tract infection.<br><br>Medical record review of a nurse's note dated November 1, 2013, revealed "...Resident Ambulating about facility...excitement about going home today..." Continued record review revealed no documentation a Discharge Summary had been completed.<br><br>Interview with the Medical Records Director on March 25, 2014, at 11:38 a.m., in the facility conference room confirmed the facility had failed to complete a Discharge Summary for residents #46, #75, and #170.<br><br>Resident #39 was admitted to the facility on February 14, 2014, with diagnoses including Diabetes, Atrial Fibrillation, and Congestive Heart Failure.<br><br>Medical record review of the nursing notes dated March 19, 2014, revealed the resident was discharged home with home health services.<br><br>Medical record review revealed no documentation a Discharge Summary had been completed.<br><br>Resident #168 was admitted to the facility on October 8, 2013, with diagnoses including Hypothyroidism, and Alzheimer's Disease.<br><br>Medical record review of the nursing notes dated November 16, 2013, revealed the resident was discharged home.<br><br>Medical record review revealed no documentation | F 283 | The Quality Assurance Performance Improvement (QAPI) Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Family Nurse Practitioner, Pharmacist, Social Service Director, Dietary Manager, Maintenance Director, Environmental Service Director, Business Office Manager, Human Resource Director, Quality of Life Director and Chaplain) will review monthly the Discharge chart audits to ensure discharge summary and care instructions are completed timely and any areas of concern identified are addressed immediately. | |

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| F 283 | Continued From page 4<br>a Discharge Summary had been completed.<br><br>Interview with the Medical Records Director on March 24, 2014, at 11:50 a.m., in the conference room, confirmed a Discharge Summary had not been completed for residents #39 and #168. | F 283 | | |
| F 309 SS=D | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation, and interview, the facility failed to timely follow a psychiatric recommendation for one resident (#179) of thirty-six residents reviewed.<br><br>The findings included:<br><br>Resident #179 was admitted to the facility on February 10, 2014, with diagnoses including Aspiration Pneumonia, Dysphagia, Cardiomyopathy, Severe Malnutrition, Depression, and Chronic Atrial Fibrillation.<br><br>Medical record review of a Psychiatric note dated February 19, 2014, revealed a recommendation for Zoloft (antidepressant) 25 mg (milligrams) every hour of sleep for one week, then increase the dosage to 50 mg every hour of sleep for | F 309 | Psychiatric recommendation for initiation of Sertraline (Zoloft) reviewed by the Nurse Practitioner on 2/28/14 for resident # 179. Order written and initial dose of Zoloft administered by charge nurse on 2/28/14 for resident #179. Resident #179 continues to receive Zoloft without adverse effects. Psychiatric services continue with no further recommendations for resident #179.<br><br>Director of Nursing, Assistant Director of Nursing, Unit Managers will complete 100% audit of residents who were seen by psychiatric services from 2/1/14 through 3/31/14 for timeliness of psychiatric recommendations. Any areas of concern will be immediately addressed with Attending Physician, Nurse Practitioner and Medical Director.<br><br>On 3/26/14 Administrator and Director of Nursing reviewed process for receiving and reviewing psychiatric recommendations with the Nurse Practitioner. Facility policy regarding non-Immediate notification situations to include Item # 3. "Other" (A) consultant reports requesting specific actions or changes in patient evaluation or management reviewed with the Nurse Practitioner. | 4/21/14 |

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| F 309 | Continued From page 5<br>anxiety and depression.<br><br>Medical record review of a Nurse Practitioner's order dated February 28, 2014, revealed "Zoloft 25 mg...x (times) 1 week then increase to 50 mg...q (every) HS (hour of sleep)...Depression/Anxiety...Psych Recommendation..."<br><br>Observation on March 24, 2014, at 12:57 p.m., revealed the resident lying in bed with the head of the bed in the raised position, eating lunch.<br><br>Interview with Nurse Practitioner #1 on March 25, 2014, at 1:55 p.m., at the South nursing station confirmed the facility had failed to follow the psychiatric recommendation for the antidepressant medication resulting in a delay (nine days) in starting the medication. | F 309 | By 4/21/14 the Director of Nursing & Assistant Director of Nursing will complete audits of Psychiatric recommendations weekly X4 then Monthly X2 noting date of recommendation received and date reviewed by attending provider. Any areas of concern identified will be immediately addressed with provider and/or Medical Director.<br><br>Director of Nursing will report findings to QAPI Committee Monthly.<br>The Quality Assurance Performance Improvement (QAPI) Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Family Nurse Practitioner, Pharmacist, Social Service Director, Dietary Manager, Maintenance Director, Environmental Service Director, Business Office Manager, Human Resource Director, Quality of Life Director and Chaplain) will review monthly the Psychiatric recommendation audits to ensure recommendations are reviewed timely and any areas of concern identified are addressed immediately. | |
| F 325 SS=D | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br><br>Based on a resident's comprehensive assessment, the facility must ensure that a resident -<br>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and<br>(2) Receives a therapeutic diet when there is a nutritional problem.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation, | F 325 | On 3/25/14 empty applesauce bowl and glass of un-thickened water was removed from room of resident #52, by the charge nurse on duty. Resident stated to the Assistant Director of Nursing she did not consume any un-thickened water, that she knew she could not have it.<br><br>On 3/25/14 Director of Nursing and Assistant Director of Nursing assessed all residents with orders for thickened liquids for presence of un-thickened fluids within reach. No areas of concern were identified.<br><br>By 4/30/14 Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants will be re-instructed on facility policy for residents with orders for thickened liquids. | 4/30/14 |

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| F 325 | Continued From page 6<br>and interview, the facility failed to provide thickened liquids as part of a therapeutic diet for thickened liquids for one (#52) of three residents reviewed.<br><br>The findings included:<br><br>Resident #52 was admitted to the facility on December 10, 2013, with diagnoses including Acute Respiratory Failure, Chronic Obstructive Pulmonary Disease, Pneumonia, Tracheostomy, PEG (Percutaneous Endoscopic Gastrostomy) Tube Insertion, Anxiety, and Cerebral Vascular Accident.<br><br>Medical record review of a Speech Therapy Assessment dated March 21, 2014, revealed "... pt (patient) upgraded to begin PO (by mouth) supervised feedings one time per day of puree texture and nectar thick liquids. Caregivers trained...to safety consume food/liquid without any significant s/s (sign/symptom) of dysphagia..."<br><br>Medical record review of the Physician's orders dated March 21, 2014, revealed "...Diet: Puree & (and) Nectar thick liquids @ (at) lunch only - Supervised..."<br><br>Observation on March 25, 2014, at 11:00 a.m., in the resident's room revealed the resident with a tracheostomy attached to an oxygen concentrator. Further observation revealed a tube feeding infusing via a machine pump. Continued observation of the bedside table within reach of the resident revealed an empty container of applesauce and a glass of unthickened water.<br><br>Interview with resident #52 on March 25, 2014, at | F 325 | Director of Nursing, Assistant Director of Nursing, Unit Managers will assess all residents with orders for thickened liquids daily X one week then 3 X weekly for 3 weeks then weekly X 2 months. Any areas of concern will be immediately addressed and instruction provided if needed then notify Director of Nursing.<br><br>Director of Nursing will report findings to the QAPI Committee Monthly.<br><br>The Quality Assurance Performance Improvement (QAPI) Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Family Nurse Practitioner, Pharmacist, Social Service Director, Dietary Manager, Maintenance Director, Environmental Service Director, Business Office Manager, Human Resource Director, Quality of Life Director and Chaplain) will review monthly the thickened liquid assessments to ensure assessments are completed timely and any areas of concern identified are addressed immediately. | |

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| F 325 | Continued From page 7<br>11:05 a.m., in the resident's room revealed the Speech Therapist had used the applesauce for therapy. Further interview revealed "...a CNA (Certified Nursing Assistant) had left that (the water) for me...sometimes they do..." | F 325 | | |
| F 327 SS=D | Interview with Licensed Practical Nurse #2 on March 25, 2014, at 11:20 a.m., in the resident's room confirmed the unthickened water on the bedside table was not on the therapeutic diet. 483.26(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION<br><br>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation, and interview, the facility failed to ensure two residents (#23, #136) received proper fluids of thirty-six residents reviewed.<br><br>The findings included:<br><br>Resident #23 was admitted to the facility on January 5, 2012, with diagnoses including Aftercare Traumatic Bone Fracture, Chronic Airway Obstruction, and Heart Failure.<br><br>Medical record review of the care plan updated on January 24, 2014, revealed "..Potential for dehydration...no s/s (signs and symptoms) of dehydration...moist mucous membranes daily... Resident has ADL (activity of daily living) self-care deficit..." | F 327 | On 3/24/14 residents #23 & #136 had their water pitcher refilled with ice and water by the Hydration Aide.<br><br>On 3/24/14 100% of all residents who are allowed to have water at bedside had their water pitchers checked by the Hydration Aide to see if they needed ice and/or water. Water pitchers were filled as requested or needed.<br><br>Environmental Services completed100% audit of all residents on 4/2/14 to determine if they had any issues with availability of hydration that needed to be addressed. No issues identified.<br><br>By 4/21/14 Hydration Aide, Certified Nursing Assistants, Licensed Practical Nurses and Registered Nurses were re-instructed on the process of passing hydration<br><br>On 3/26/14 Residents #136 and #23 were encouraged to notify staff when they need their water pitcher refilled with ice and/or water between hydration passes. Residents #136 and #23 verbalized understanding and stated the staff did that for them already.<br><br>Charge Nurses will audit resident rooms for presence of ice and water each shift X 1 week then twice/weekly on each shift X 2 weeks then will monitor presence of ice and or water during med pass. Any areas of concern will be immediately addressed and education provided where needed and reported to the Director of Nursing.<br><br>The Director of Nursing will report audit findings to the QAPI Committee monthly. | 4/21/14 |

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| F 327 | Continued From page 8<br><br>Medical record review of the Quarterly Minimum Data Set (MDS) dated December 17, 2013, revealed a BIMS (brief interview for mental cognition) score of 12 indicating the resident as cognitively intact.<br><br>Observation and interview with the resident on March 24, 2014, at 1:10 p.m., in the resident's room revealed the resident did not always have fluids between each meal. Continued observation and interview revealed the resident's water pitcher at the bedside was empty.<br><br>Resident #136 was admitted to the facility on March 28, 2013, with diagnoses including Atrial Fibrillation, Anxiety State, Depressive Disorder, Heart Failure, and Anemia.<br><br>Medical record review of the care plan updated March 13, 2014, revealed "...risk for dehydration...no s/s dehydration...moist mucous membranes daily...Resident has ADL self-care deficit..."<br><br>Observation and interview with the resident on March 24, 2014, at 12:51 p.m., in the resident's room revealed the resident did not always have cold water between each meal. Continued observation and interview revealed the water pitcher at the bedside had no ice and was warm to the touch.<br><br>Interview with Certified Nursing Assistant #6 on March 24, 2014, at 4:10 p.m., on the 100 hall confirmed the resident's water pitcher was empty and the resident did not have any cold water. | F 327 | The Quality Assurance Performance Improvement (QAPI) Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Family Nurse Practitioner, Pharmacist, Social Service Director, Dietary Manager, Maintenance Director, Environmental Service Director, Business Office Manager, Human Resource Director, Quality of Life Director and Chaplain) will review monthly Hydration audit results and ensure that any areas of concern identified are addressed immediately. | |
| F 356 | 483.30(e) POSTED NURSE STAFFING | F 356 | | |

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| ROGERSVILLE CARE & REHABILITATION CENTER | 109 HWY 70 ROGERSVILLE, ROGERSVILLE, TN 37857 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 356 SS=C | Continued From page 9<br>INFORMATION<br><br>The facility must post the following information on a daily basis:<br>o Facility name.<br>o The current date.<br>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:<br>- Registered nurses.<br>- Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides.<br>o Resident census.<br><br>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:<br>o Clear and readable format.<br>o In a prominent place readily accessible to residents and visitors.<br><br>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.<br><br>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater,<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to post nurse staffing data daily prior to the beginning of each shift. | F 356 | On 3/24/14 Nurse staffing data for 3/24/14 was posted in the front hallway by the Assistant Director of Nursing.<br><br>Director of Nursing, Unit Managers verified posting of staffing data in front hallway daily X 14 days (3/24/14 through 4/6/14) Daily staffing data was posted as per requirement.<br><br>On 4/3/14 Director of Nursing reviewed with the Unit Secretary the process for posting daily staffing to include posting of staffing when the designated staff member is off work. Process revised to include two additional back up staff (Medical Records and Weekend Unit Manager). Assistant Director of Nursing will audit posting 3Xweekly for 2 weeks then Weekly X 2 months and immediately address any area of concern identified and report to Director of Nursing.<br><br>Director of Nursing will report findings to the QAPI Committee Monthly.<br><br>The Quality Assurance Performance Improvement (QAPI) Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Family Nurse Practitioner, Pharmacist, Social Service Director, Dietary Manager, Maintenance Director, Environmental Service Director, Business Office Manager, Human Resource Director, Quality of Life Director and Chaplain) will review monthly the Nurse Staffing Posting audits to ensure audits are completed timely and any areas of concern identified are addressed immediately. | 4/3/14 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445359 | A. BUILDING _____ B. WING _____ | 03/26/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ROGERSVILLE CARE & REHABILITATION CENTER | 109 HWY 70 NORTH ROGERSVILLE, TN 37857 |

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| F 356 | Continued From page 10<br>The findings included:<br><br>Observation on March 24, 2014, at 5:35 a.m., revealed the nurse staffing data posted was dated March 21, 2014.<br><br>Observation and interview on March 24, 2014, at 5:40 am., with the Assistant Director of Nursing, in the front hallway confirmed the current nurse staffing data was not posted. | F 356 | | |
| F 412 SS=D | 483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS<br><br>The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation, and interview, the facility failed to obtain dental services for one resident (#136) of two residents reviewed for dental services of thirty-six residents reviewed.<br><br>The findings included:<br><br>Resident #136 was admitted to the facility on March 28, 2013, with diagnoses including Atrial Fibrillation, Anxiety State, Depressive Disorder, | F 412 | On 3/25/14 resident #136 was asked by Charge Nurse if resident would like to see a dentist and resident preferred to talk to son about it first, just wait and see.On 3/26/14 Administrator spoke with Daughter-in-law of resident #136 who said the resident had purchased two sets of teeth and would not wear either one because they caused resident to gag but would discuss this with the resident and determine if there is a desire to see the dentist, it will be ok to see the dentist when he visits the facility again but will let us know. On 3/31/14 resident stated did not want to see the dentist, that resident would let us know if mind set changes.<br><br>Charge Nurses completed 100% audit of all residents on 4/2/14 to determine if they had any dental issues that needed to be addressed by the dentist or if they had a desire to see a dentist. Any areas of concern had already been identified and appointments scheduled for dental visit.<br><br>On 4/21/14 a new dental assessment form will be put in place and will be utilized for dental assessments. By 4/21/14 Charge Nurses, Unit Managers, MDS Coordinator and Assistant Director of Nursing will be instructed by the Director of Nursing on completion of dental assessment form and referral process quarterly and as needed or requested by the resident. | 4/21/14 |

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| F 412 | Continued From page 11<br>Heart Failure, and Anemia.<br><br>Medical record review of the care plan updated on March 13, 2014, revealed "...resident is at nutrition risk potential for weight loss...dental consult prn (as needed)..."<br><br>Medical record review of the Vital Signs and Weight Record revealed the resident's admission weight was 111 pounds. Continued medical record review revealed the residents current weight was 115 pounds.<br><br>Interview with the resident on March 24, 2014, at 12:54 p.m., in the residents room revealed the resident did not wear dentures because a place in the dentures bothered the resident. Continued interview revealed the resident would try to wear dentures if they were fixed.<br><br>Interview with Certified Nursing Assistant (CNA) #7, on March 25, 2014, at 1:41 p.m., at the south skilled nurse's station revealed the CNA was aware the resident had a concern with the dentures.<br><br>Interview with the Assistant Director of Nursing on March 25, 2014, at 2:02 p.m., in the facility conference room confirmed a dental consult had not been obtained. | F 412 | MDS Coordinator will audit for completion of dental assessment and referral with each MDS and significant change MDS. Any area of concern identified will be addressed immediately and the Director of Nursing notified.<br><br>Director of Nursing will report findings to the QAPI Committee Monthly.<br><br>The Quality Assurance Performance Improvement (QAPI) Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Family Nurse Practitioner, Pharmacist, Social Service Director, Dietary Manager, Maintenance Director, Environmental Service Director, Business Office Manager, Human Resource Director, Quality of Life Director and Chaplain) will review monthly the Dental Assessment audits to ensure audits are completed timely and any areas of concern identified are addressed immediately. | |